



Blue Ridge Shores Property Owners
Association, Inc.

Member Volunteer Form

Date: _____

Name: _____

Contact Information: _____

Committee(s)/event(s) you would like to volunteer for: _____

Days that you are available to volunteer: (check all that apply) _____ Mon _____ Tues
_____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Hours that you would be willing to volunteers: Mornings Afternoons Evenings
Please circle all that apply. 8-12 12-5 5-9

Service you are able/willing to provide: _____

Experience: (if any) _____
